

CLAIMS ONLY							Application Number 09918398		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1	1	1					51				
2		1					52				
3		1					53				
4		1					54				
5		1					55				
6		5					56				
7		5					57				
8		5					58				
9		5					59				
10		5					60				
11		5					61				
12		5					62				
13		5					63				
14		5					64				
15		5					65				
16		5					66				
17	cancel	5					67				
18		5					68				
19	1						69				
20		1					70				
21		1					71				
22		1					72				
23		1					73				
24	1						74				
25	1						75				
26		2					76				
27		2					77				
28		2					78				
29		2					79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep	4						Total Indep				
Total Depend	76						Total Depend				
Total Claims	80						Total Claims				